

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M L		05-71-c!
O.I.P.E. CLASSIFIER		48	6/2/01
FORMALITY REVIEW	H-T	913	07/26/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	01/01/01
Original	01/01/01
1	✓ ✓ =
2	✓ ✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ 0
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓ 0
21	✓
22	✓
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40	✓ N
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Claim	Date
Final	01/01/01
Original	01/01/01
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓ ✓
57	✓ ✓
58	0 0
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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